Alberta

Minister of
COMMUNITY AND OCCUPATIONAL HEALTH
402 Legislature Building, Edmonton, Alberta Canada T5K 2B6 403/427-2331

July, 1988

The Honourable Dr. David J. Carter
Speaker
Legislative Assembly of Alberta
325 Legislature Building
Edmonton, Alberta

Sir:

I have the honour to present the first Annual Report of the Department of Community and Occupational Health for the period ended March 31, 1987.

Respectfully submitted,

Jim Dinning
Minister, Community and Occupational Health

COMMUNITY AND OCCUPATIONAL HEALTH Office of the Deputy Minister
Seventh Street Plaza, 10030 – 107 Street, Edmonton, Alberta, Canada T5J 3E4 403/427-6466

July, 1988

Honourable Jim Dinning
Minister
Community and Occupational Health
Room 402, Legislative Building
Edmonton, Alberta

Dear Mr. Dinning:

I have the honour to present the first Annual Report of the Department of Community and Occupational Health, covering the fiscal year ended March 31, 1987.

Respectfully submitted,

Jan Skirrow
Deputy Minister
Community and Occupational Health

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MINISTER'S LETTER

In June, 1986, the Government of Premier Don Getty created a new department in the Province of Alberta: the Department of Community and Occupational Health. This is our first Annual Report and, as such, is designed to give readers an idea of what we accomplished in our first year and where we see ourselves going over the next few years.

The mission of Community and Occupational Health is "To maintain and improve the health and safety of Albertans." On the face of it, that seems like a fairly simple challenge because Albertans are already among the healthiest and safest people in Canada. We have one of the best health care systems in the world and we are proud of our ability to help provide good physical and mental health for all our citizens.

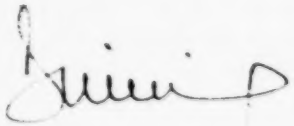
But this department was created to accomplish a much wider task. We have been charged with working to maintain and improve the health of Albertans in the community by:

- preventing illness and injury,
- providing assistance to the 27 health units which deliver health care to Albertans in every city, town and village,
- fostering independence and responsibility through family and community support programs in almost every municipality and Indian reserve in the province.

Albertans are healthy people. We must strive to maintain and improve their health through programs in our Public Health, Mental Health, Occupational Health and Safety, and our Family and Community Support Service Divisions. Our goals are to:

- make Albertans aware of healthy physical and mental behavior in their homes, workplaces, and recreation sites,
- inform Albertans of health patterns which allow them to live happier, healthier and more productive lives,
- work with Alberta's companies to create healthier, safer workplaces where citizens will not be in danger of illness or injury.

In short, Community and Occupational Health is in the business of **preventing** health and safety problems. We work closely with a number of other government departments in the delivery of medical and social services to the community. As you read this Annual Report, I think you will get a picture of the expertise and diversity of our program areas and come to understand how Community and Occupational Health strives to help all Albertans live better lives.



Jim Dinning

ALBERTA COMMUNITY AND OCCUPATIONAL HEALTH

BACKGROUND:

Since Alberta was created in 1905, the responsibility for community health has been shared between the provincial government and local communities. The newly established province inherited ordinances of the North West Territories which gave the municipalities the responsibility for protecting their residents against the spread of contagious and infectious diseases. The first provincial **Public Health Act** was passed in 1907. The Act established a Provincial Board of Health and created health districts to be governed by local health boards. The province assumed the responsibility for areas not organized into health districts, first through the Department of Agriculture, then Municipal Affairs, and then, in 1919, the Department of Public Health.

The first health units were formed in 1931 by grouping several municipalities together. The **Health Unit Act** of 1952 laid the basis for a province-wide public health system. By the 1950s, services provided by health units included immunization of children, the investigation of sources of communicable diseases, medical examination of school children, dental treatment in underserviced areas, the supervision of water, food and milk supplies, and sewage disposal.

Following the establishment of mental institutions at Ponoka, Oliver and Red Deer, community-based mental health services began with the establishment of mental hygiene clinics in 1929. The process of moving the mentally ill out of institutions began when community clinics were set up in 1971.

In 1966 the provincial government passed the Preventive Social Services Act. This legislation fostered a partnership with municipal governments in the development of services that were preventive in nature. These community-based programs focused on the social health and attitudes which complemented public health initiatives. The Preventive Social Services Act was replaced, in 1981, by the Family and Community Support Services Act.

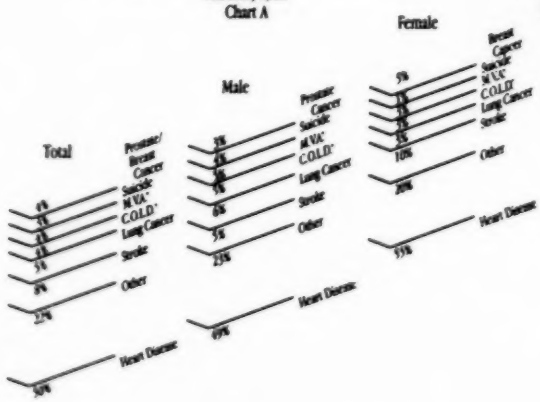
In 1971, the Departments of Health and Social Development were amalgamated. In 1975, the joint department was renamed Social Services and Community Health.

In 1976, the Occupational Health and Safety Division was created under the Department of Labour, through amalgamation of occupational health staff from the Department of Social Services and Community Health with safety inspection and education staff from the Workers' Compensation Board.

In 1979, the Division and the Board were placed under the administration of the Minister Responsible for Workers' Health, Safety and Compensation, an arrangement that continued until May, 1986.

In June 1986, the Department of Community and Occupational Health was established. This brought together Occupational Health and Safety, Public Health, Mental Health, and Family and Community Support Services under one umbrella. The Workers' Compensation Board and the Alberta Alcoholism and Drug Abuse Commission also report to the Minister of Community and Occupational Health.

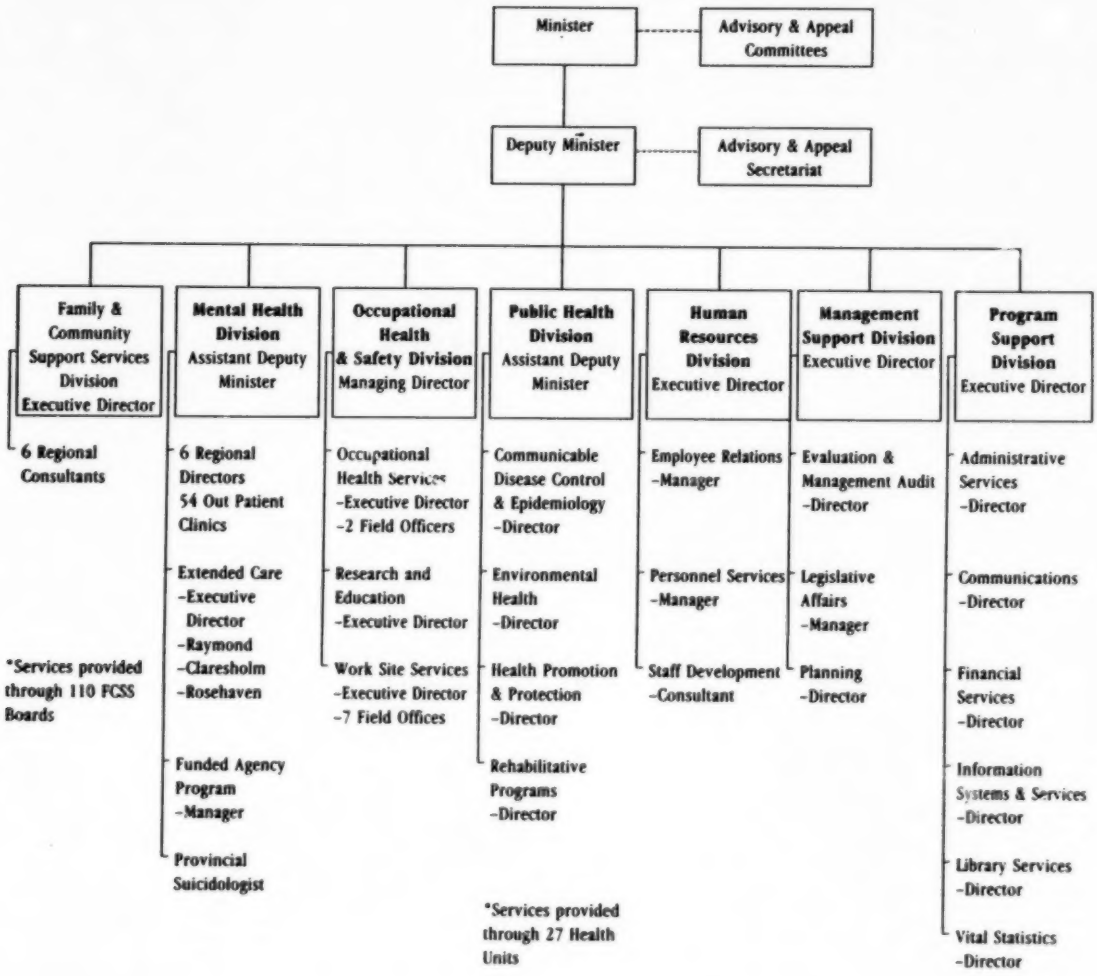
Percentage Distribution of Major Causes of Death
Alberta, 1986
Chart A



* Motor Vehicle Accidents
* Chronic Obstructive Lung Disease

Source: Vital Statistics Annual Review, 1986 Alberta Community and Occupational Health
Prepared By: Planning Branch, M.S.S., Alberta Community & Occupational Health

ALBERTA COMMUNITY AND OCCUPATIONAL HEALTH ORGANIZATION CHART



PUBLIC HEALTH DIVISION

The Public Health Division provides the direction, coordination and integration of the following public health areas: Health Protection and Promotion, Rehabilitative Programs, Environmental Health, and Communicable Disease Control and Epidemiology.

The Division's main function is consultation and back-up service to the 27 health units across the province. These health units are the backbone of community health delivery in Alberta. One of the most progressive programs in Canada, the health units provide everything from new baby immunizations and birth control counselling to home care for the elderly.

In 1986, Public Health was asked to plan for providing global funding to the health units. Currently, health units receive close to 100% of their annual budgets from the Province which designates specific funding for specific programs. Global funding, if implemented, would allow health units to spend their allocation in ways that best meet the distinct needs of the different communities they serve. This new approach would provide health units with full responsibility for determining how their funds should be spent.

In addition, we have begun to work with health units on a modified per capita funding system intended to redress certain funding imbalances which have evolved over the years.

The division has also researched and developed policies to deal with some of the major health problems of our day. Strategies to deal with the high incidence of teenage preganancy in Alberta were developed and we took active steps to deal with AIDS in our province.

Health Protection and Promotion Branch

Community Health Nursing

The Community Health Nursing unit ensures that the highest standard of community health nursing is available to Albertans. Its services to health units include providing expertise on community health nursing and family health programs, and resource and program support. Direct service, including emergency and minor treatment, is provided in the Worsley area in northwest Alberta.

The program unit — in tandem with the local health units — promotes the health of all age groups. The health of mothers and new babies is promoted through over 50,000 community health nurse visits with post-natal women across the province, helping prevent potential parenting problems.

Community health nurses also work to prevent problems with handicapped children by providing counselling and education; these same health professionals promote good health and prevent chronic diseases with senior citizens through almost 140,000 contacts every year.

Preventing the spread of communicable diseases is helped through tuberculosis tests, and immunizations against measles, mumps, rubella and a host of other diseases. Screenings for vision, hearing and speech difficulties work to prevent disability. Health education is a also large part of the community health nurse's role with almost 300,000 contacts annually.

PUBLIC HEALTH DIVISION

- Airing a 13 week television series about pregnancy, birthing and parenting, called "Baby's Best Chance" in cooperation with ACCESS NETWORK.
- Presenting "Social Marketing: A Set of Principles for Managing Public Health Interventions" — a workshop for 75 community health nursing managers.
- Working with the Department's Sexually Transmitted Disease Control Branch and the Health Program Development Branch to develop strategies to prevent pregnancies and sexually transmitted diseases in teenagers. Directors of the health units are now working to implement this action plan across the province.

Dental Health Branch

The Dental Health Branch monitors the state of oral health and develops dental programs and services in conjunction with the local health units. The goal is to prevent dental disease and to promote good oral health. Specialists in community dental health provide preventive services such as dental examinations and referrals, fluoride therapy, and dental health education.

In recent years, there has been a dramatic improvement in the dental health of children in the province. The second Alberta Dental Health Survey — carried out by the Dental Health Branch and the Health Unit Association of Alberta (HUAA) and released in 1986 — showed a much higher level of dental health among 13-year old children compared to the first survey done in 1978.

Highlights

- Providing dental treatment to nearly 20,000 Albertans through visiting dentist programs and mobile dental trailers in Milk River, Spirit River, Bassano, Coronation, Wabasca/Desmarais, Swan Hills, Bow Island, Foremost, La Crete, McLennan, and High Level.
- Preparing a manual entitled "A Parent's Guide to Dental Health" which was distributed to the public and included in 50,000 "Congratulations New Mother" packages distributed in Alberta hospitals.
- Promoting fluoride rinse programs in the health units each week for 75% of Alberta children in grades one to six. Fluoride rinse programs can reduce the decay rate by 35% so the results of this venture should show up dramatically within the next few years.

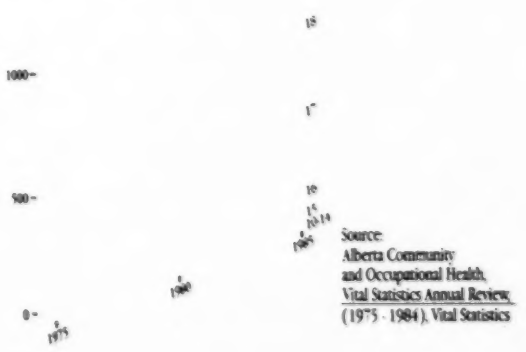
Health Program Development Branch

This branch addresses emerging health issues through new program development. It coordinates and develops a broad range of programs which encourage people to adopt healthier lifestyles. Staff specialists in reproductive health and sexuality, nutrition, school health education and health promotion provide consultation to the health units on program development and management.

Highlights:

- Continuing the Break-Free campaign to convince teenagers not to start or to keep smoking. Run in conjunction with the federal Department of Health and Welfare, this campaign uses rock videos starring well-known Canadian musicians to tell teenagers that it's "not cool" to smoke.
- Developing P.A.L. — Peer Assisted Learning Program — a provincial inservice for health and education professionals to support the smoking prevention program for grade six students.

Number of Births to Women aged 10 - 18 in Alberta (1975-1984)
Chart 8



Source:
Alberta Community and Occupational Health, Vital Statistics Annual Review (1975 - 1984), Vital Statistics

- Sponsoring a number of projects in the field of reproductive health, primarily for teenagers. One was a report done by the Calgary Health Unit entitled "In Trouble, A Way Out", a look at pregnancy and sexually transmitted diseases among Alberta teens. There was very little change between 1975 and 1984 in the number of babies born to adolescent girls 16 years and under in Alberta. (See Chart B) A major conference for reproductive health professionals called "Sexuality and Health: A New Look At An Old Subject", attracted some of the foremost experts in the field from all over North America.

Environmental Health Branch

The Environmental Health Branch strives to protect human health through the prevention, correction, or control of environmental conditions (physical, chemical or biological) which may adversely affect Albertans.

The Branch employs specialists to investigate environmental health matters in the province and provide consultative support to public health inspectors in the local health units. It also provides advice, information and training on environmental health issues and oversees the development, amendment and enforcement of several Public Health Act regulations.

Environmental Health is taking a lead role in setting new directions in such areas as:

- quality assurance in food and water,
- effective control and disposal of waste materials,
- monitoring of indoor air quality in the home and in public places,
- response to sour gas emergencies and setting of evacuation guidelines for persons exposed to hydrogen sulfide,
- sanitation and safety in communities as legislated under the Public Health Act.

Highlights

- Sponsoring, with the Public Health Advisory and Appeal Board, a committee to review health standards for hydrogen sulfide, sulphur dioxide, and a "shelter vs. evacuation" study in the event of a chemical air contaminant emergency within a community.
- Overseeing the completion of the Southwestern Alberta Medical Diagnostic Review with presentation of the final report to the public and follow-up activities occurring in June, 1986.
- Setting up a communications skills course for Public Health inspectors to improve their dealings with the public and industry.
- Participating in an Environmental Health Law Conference held in Banff in October, 1986.
- Sponsoring A Waste Management Conference held in Red Deer, September, 1987, and attended by 264 participants from Government, local municipalities, industry and representatives from other provinces.

Rehabilitative Programs Branch

Alberta Aids to Daily Living (AADL)

The AADL program meets the special needs of disabled or chronically ill Albertans under 65 who face the cost of obtaining medical equipment and supplies in order to continue living independently in their communities. Such equipment includes wheelchairs, walking aids, home oxygen equipment, prosthetics, orthotics and various medical/surgical products.

The Extended Health Benefits Program (EHB) is similar to the AADL Program; however, it serves senior citizens (those 65 and over) who have chronic disabling health conditions.

In 1986/87, AADL developed a cost-sharing program for those able to pay for a portion of the cost of benefits. The program is to come into effect in the 1987/88 fiscal year.

Highlights

- During 1986/87, equipment and supplies were provided to 108,500 Albertans. This allowed many disabled or chronically ill people to remain in their homes instead of being institutionalized.

Coordinated Home Care Program

The Coordinated Home Care Program provides health and support services to Albertans in their own homes. The service is provided primarily to the elderly (86% of the caseload is 65 years and older), but also to those with acute and palliative care needs.

Home Care Services, provided by the health units around the province, include nursing services, homemaking and personal care and may include physiotherapy, occupational therapy, respiratory therapy, meals on wheels, friendly visiting, transportation, and handyman help.

During the reporting period, some 23,000 Albertans were assisted. Edmonton and Calgary accounted for approximately 34% of the active caseloads. In 1986/87, approximately 7.6% of public expenditures in long term care in the province were devoted to Home Care (see Table A). The emphasis on long term care seems to be shifting from institutional to home care and this program is expected to become increasingly important over the next few years.

Highlights

- A pilot project called The Assessment and Placement Model was created for long term care services in the Calgary and Foothills Health Units. All people requiring either community or institutional long term care are assessed through the Home Care Program. Persons are offered community services first, emphasizing client choice and respect for their independence.

  Preliminary findings of the pilot project indicate positive benefits and other health units are inquiring about using this model.
- Development of an Alberta Assessment and Placement Instrument (AAPI) began. The first draft of this form was introduced and pilot tested in the Foothills Health Unit area and in Calgary in spring, 1986. Training and testing of draft two began in the fall of 1986. This form helps the assessor provide a comprehensive and objective assessment of the long term care needs of individuals. These needs are then linked to the most appropriate service options, keeping the person in the most independent environment as possible.
- Funding was approved for two new housing facilities for the physically handicapped in 1987/88 — Edwards Place in Calgary and Grande Prairie Centre in Grande Prairie.
- The Client Outcome Focused Measurement Tool was tested in four health units as part of the Quality Assurance Program. A final tool to measure client and family progress while receiving home care was planned for 1987/88.

TABLE 1
Public Expenditures on Long Term Care Services in Alberta For the Fiscal Year 1986/87.

Home Care Long Term Care Only			Nursing Homes			Auxiliary Hospitals		
Total Budget	Average Monthly Caseload (As of March 31, 1987)	Cost Per Case Per Year	Total Budget	Beds (As of March 31, 1987)	Cost Per Bed Per Year	Total Budget	Beds (As of March 31, 1987)	Cost Per Bed Per Year
$27,600,000	12,445	$2,202	$134,100,000	7,855	$17,120	$198,600,000	5,680	$39,094

Source: Home Care Information System

PUBLIC HEALTH DIVISION

Speech Pathology and Audiology

Speech Pathology services are provided to a wide range of individuals with speech, language or hearing disorders, with priority given to pre-school children.

Approximately one-third of all speech therapy services in Alberta are provided through health units. The remainder are offered through the school system or private practitioners.

In addition to financial support for speech pathology programs in the health units, the Department provides consultative planning and evaluation services. Consultative services are also offered to other divisions of the Department and the unit liaises with the Departments of Education and Hospitals and Medical Care, as well as with professional associations, agencies and the public.

In 1986, health units province-wide received 4,553 new referrals for speech pathology services. Services provided included: 6,642 speech assessments and follow-up reviews; treatment of 3,422 patients; 5,425 hearing assessments; and 453 public education programs.

Highlights

- Implementing a Quarterly Management Report and an Annual Program Planning and Evaluation Framework for Health Unit Speech Pathology programs. These tools facilitate the use of provincial program standards and CRISSP statistics by local managers in program planning, evaluating, and monitoring.
- Developing guidelines for community health speech pathology service delivery priorities.

Early Intervention Program

Alberta's Early Intervention Program provides home-based professional support for families with developmentally delayed children from birth to three and a half years of age. The aim is to assist and support the family in meeting its individual needs while optimizing the child's development. Participating children may have an undiagnosed delay in some or all developmental areas including motor, language, self-help, cognitive, sensory and/or social skills. A delay may also be caused by a diagnosed handicapping condition such as Down's Syndrome, Cerebral Palsy or a severe sensory impairment (i.e., blindness, deafness).

The programs are administered by local health units, school boards and voluntary associations. Over 400 families were served last year.

Communicable Disease Control and Epidemiology Branch

Communicable Disease Control and Epidemiology monitors infectious diseases in Alberta through three units: Epidemiology and Disease Control, Sexually Transmitted Disease (STD) Control, and Tuberculosis Control.

These units — with the cooperation of local health units, practising physicians and hospitals — maintain surveillance of communicable diseases throughout the province, identify problems needing intervention, and provide the assistance or services required to control these problems.

Through communications networks, Alberta participates with other provinces and the Federal Government in national and international disease surveillance and information dissemination.

Highlights

- Public information and detection programs were created to deal with Acquired Immune Deficiency Syndrome (AIDS), which assumed major importance during 1986 although the number of cases remained relatively small.
- The first full year of prenatal hepatitis B screening was completed. Over 200 infants at risk of becoming chronic hepatitis carriers were identified and immunized to prevent infection.
- The groundwork was laid for an immunization program to reduce the incidence of death and disability due to meningitis and other forms of invasive Haemophilus infection.

PUBLIC HEALTH DIVISION

Epidemiology and Disease Control Unit

This unit is responsible for communicable disease programs for diseases other than sexually transmitted diseases and tuberculosis. It monitors these diseases and ensures preventive or control measures are taken to minimize their occurrence and spread.

Consultation is provided to local health units, hospitals, physicians and other government departments. The public is kept informed of diseases of concern and the measures needed to respond to them.

Reports of selected communicable diseases (notifiable diseases), which have impact because of their severity, risk of spread or the number of people they affect, are required under the communicable disease control regulations. This information helps to determine the need for disease control measures and also provides for epidemiologic reports to practising physicians, local health units, and the general public. As well, data transmitted to Statistics Canada eventually becomes part of the information collected by the World Health Organization in its worldwide surveillance of disease.

TABLE 2
CASES OF SELECTED NOTIFIABLE DISEASES BY CALENDAR YEAR

	1986	1985	1984
AIDS	22	13	10
Amoebiasis	114	110	111
Campylobacter	871	609	631
Chickenpox	14,184	Incomplete	Not Reported
Diphtheria			
Cases	1	0	1
Carriers	0	1	10
Giardiasis	1,613	1,509	1,341
Hepatitis A	309	421	215
Hepatitis B	194	176	213
Leprosy	4	1	4
Malaria	41	53	37
Measles	811	75	86
Meningitis, bacterial	191	144	121
Meningitis Viral or Aseptic	25	39	72
Meningococcal Infections	21	21	27
Mumps	233	181	161
Pertussis	184	56	33
Poliomyelitis	0	0	0
Rubella	1,158	436	514
Salmonellosis	757	0	0
Shigellosis	148	193	227
Tetanus	0	0	1
Toxic Shock Syndrome	0	2	3
Typhoid Fever	4	8	5

The above table shows selected notifiable disease statistics for 1984-1986.

Notifiable Disease Data

Because of the impact of immunization and other control programs, notifiable diseases no longer have the impact they did in the early part of this century when they were the largest single cause of death in Alberta. In 1986, there were 51 deaths in Alberta directly attributable to notifiable diseases. These included 19 deaths due to tuberculosis, 13 deaths due to AIDS, 11 deaths due to bacterial meningitis, 4 deaths due to E. Coli and its complications, and one death due to hepatitis B. Other causes included salmonella infection (1) and congenital infections (2).

Highlights

- Although the number of AIDS cases was relatively small at 22 for 1986, the impact was significant. High levels of concern were expressed by the public, the media and infectious disease and public health experts. There were 13 deaths due to AIDS in Alberta in 1986. The cumulative totals reached 47 cases with 28 deaths (the first case was reported in 1983).
- AIDS cases occurred in the same high risk groups in Alberta as in other areas with 38 (80%) cases in homosexually active men, six (13%) in recipients of blood or blood products and two pediatric cases. No risk factors were identified in one case investigated retrospectively.

Most (30) AIDS cases were reported from Calgary. Edmonton reported 12 cases and there were five from elsewhere in the province.

Laboratory testing for evidence of the AIDS virus was introduced by the Provincial Laboratory and the Red Cross late in 1985 and the first full year of testing was completed in 1986. In 1986, 212 positive results were reported by the Provincial Laboratory in 2163 tests (9.8% positive). The majority (163) were from homosexual or bisexual males. There were seven positive reports from hemophiliacs and other blood recipients, and eight from a variety of other higher risk groups (such as intravenous drug abusers). The Red Cross identified 26 positives in 156,304 blood donations (based on data collected over 14 months), a rate of only 0.016%.

- Measles incidence has increased more than ten-fold over the past two years and was the highest on record since 1979, when over 10,000 cases were reported. There were no deaths attributed to measles but a young adult suffered encephalitis due to measles.

The 811 cases represent a setback in the program to completely eliminate measles. However, overall measles control remains good with a better than 90% reduction in measles incidence from pre-vaccine days.

- By far the most commonly reported disease in 1986 was chickenpox with 14,184 cases. (Since this is a newly-reported disease, comparative figures with previous years are not available.) These data will enable us to determine the need for a new chickenpox vaccine being developed and to measure its effectiveness.
- During 1986, there was increased awareness of a relatively new condition, hemorrhagic colitis due to E.coli 0157 (EHEC). This sub-type of a common organism produces a toxin which causes severe abdominal pain and bloody diarrhea.

The illness usually resolves without treatment in several days but in the very old or very young it may be fatal. As well, the toxin can cause hemolytic uremic syndrome (HUS) characterized by severe anemia and kidney failure. This complication can be fatal.

There were 179 cases of EHEC reported in 1986 as well as 15 cases of HUS (these compare to 104 and six cases, respectively, in 1985). In 1986, at least four deaths were attributable to these conditions.

Immunization Programs

As in past years, the Branch provided a wide range of immunizing agents to local health authorities for the prevention of communicable diseases. Over 200,000 Albertans received more than half a million immunizations.

Protection of all children against seven serious childhood diseases (diphtheria, whooping cough, tetanus, polio, measles, mumps and rubella) remains the primary goal of the program. It is estimated that close to 90% of preschool children are adequately immunized and that this coverage rate increases to better than 95% by Grade One.

The introduction of a prenatal hepatitis B screening program in cooperation with the Canadian Red Cross identified over 200 infants requiring immune globulin (HBIG) and vaccine. With health unit follow up of each case identified, all babies were immunized to prevent infection. It was estimated that without the program, as many as half of these children would not have received vaccine or serum in time to protect them. Without this intervention, up to 90 percent of these infants could have been infected and 25 percent could have died prematurely of liver complications.

The Branch maintains active surveillance of adverse reactions to immunizing agents, one of the only programs of its kind in North America. Over 1800 reports were received and analyzed in 1986.

Sexually Transmitted Disease Control Unit

The Sexually Transmitted Disease Control Unit's goal is to control sexually transmitted diseases, through diagnostic and treatment services at clinics in Edmonton and Calgary, and by maintaining surveillance for the six notifiable diseases: *gonorrbea, syphilis, non-gonococcal urethritis (NGU), mucopurulent cervicitis (MPC), chancroid, and lymphogranuloma venereum.*

The unit also provides epidemiological services, consultation to physicians, data monitoring, as well as public and professional education.

Operated under the auspices of the local health unit, the Fort McMurray Clinic also provides these same services to that city and its surrounding communities. (The Lethbridge clinic was closed in March, 1986.)

Highlights

- Approximately 520 persons per week were seen at the Edmonton and Calgary clinics. There were 11,647 contacts reported and over 8000 follow-up investigations.
- Educational presentations delivered in 1986 totalled 756 (up 49% over 1985) with a particular focus on the junior high school level.
- The number of cases and the rate for *gonorrbea* decreased in 1986: 4992 cases were reported in 1986, a 12.3% decline from 1985. The rate of 209.3/100,000 population continued the downward trend of the last five years.
- The incidence of *syphilis* declined 44.8% with 160 cases reported. The majority (61%) were considered latent.
- *NGU* and *MPC* continued to be a major concern. There were 11,052 cases reported — a rate of 463.5/100,000 population.
- One case of *chancroid* was reported in 1986.
- Laboratory testing remains high for *herpes* indicating continuing public awareness.

TABLE 3

IMPACT OF IMMUNIZATION ON VACCINE PREVENTABLE DISEASES

	PROJECTED WITHOUT IMMUNIZATION		ACTUAL ALBERTA 1986	
DISEASES	CASES	DEATHS	CASES	DEATHS
Diphtheria	2,500	300	1	0
Whooping Cough	2,000	75	182	1
Polio	225	80	0	0
Measles	20,000	20	811	0

Tuberculosis Control Branch

Monitoring and control of tuberculosis in Alberta is the responsibility of the Tuberculosis Control Branch.

The branch operates out-patient Tuberculosis Services clinics in Calgary and Edmonton. Persons showing positive tuberculin reactions may be investigated by their family physician or referred to the clinics. These clinics supply anti-tuberculous medication and provide further investigation, treatment and follow-up services, free of charge.

Statistics - 1986

- In 1986, 209 cases of active tuberculosis were discovered in Alberta, up about 15% from the previous year. Of the 209 cases, 93 (44.5%) were foreign-born and almost certainly acquired their tuberculous infection before coming to Canada. Sixty-six of the foreign-born cases came from Asia. Europeans accounted for 18 cases. Of the Canadian-born, Registered Indians accounted for 50 cases (23.9%); Metis, 11 cases (5.3%); and all others, 55 cases (26.3%).
- 362 new cases of inactive tuberculosis were diagnosed. Of these, 271 or 75% were foreign-born and 68% of them arrived in Canada during the last five years.
- In addition to the 209 patients who were treated for active tuberculosis, 1,214 cases received preventive treatment. Of these, 541 or 45% were foreign-born.

FAMILY AND COMMUNITY SUPPORT SERVICES DIVISION

The Family and Community Support Services (FCSS) Division became part of the Department of Community and Occupational Health in June, 1986, merging with other units working towards a common goal: promoting social, physical and mental well being in the community.

"In the community" is what Family and Community Support Services is all about. Through FCSS, communities may design and deliver programs to prevent social breakdown, to promote well-being, and to strengthen volunteerism. Municipalities, Improvement Districts, Metis Settlements, Indian Bands, and National Parks may enter into an agreement with the Department to operate a local FCSS program.

Funding is provided on a cost-shared basis, with the province contributing up to 80% and the municipalities 20%. Our focus is on community-based programs, allowing people to help themselves rather than relying on one centralized government agency.

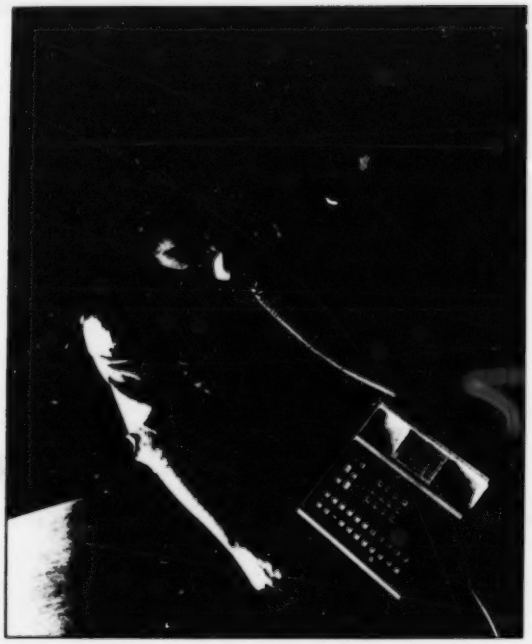
In 1986, six FCSS regional consultants, who work with over 100 Family and Community Support Service boards around the province, were brought together within the Division. The consultants previously reported to Regional Directors of Social Services. This consolidation will make coordination of activities more effective.

Highlights:

- During 1986-87, 108 municipal-provincial agreements were in effect with programs serving 89% of all Albertans.
- In 1986/87, per capita grants to municipalities increased from $10 to $13 (urban) and from $12 to $14 (rural). This strengthened the funding base and enhanced the equitable per capita funding formula.
- The scope and imagination of community programs grew by leaps and bounds. They now include After-School Programs, Meals on Wheels, Youth Outreach, Seniors Centres, Family Life Education, Home Support, and Volunteer Development.
- The concept of volunteers working in FCSS communities has received widespread support. Citizens who live in municipalities and on Indian reserves funded by the Department are able to use FCSS funds to promote awareness of local responsibility and how individuals can help their neighbors. This awareness has proven contagious and the multiplier effects of volunteer activity will yield dramatic results for the decades to come.
- 1986-87 funds to municipalities were allocated as follows:

Administration and Planning Component	**$ 5,075,339**
Family and Community Services Components	**28,234,389**
	33,309,728

MENTAL HEALTH DIVISION



The Mental Health Services Division is responsible for ensuring that high quality treatment and support services are available in the community for the mentally ill residents of Alberta. These services are provided through a variety of programs.

In 1986/87, the division embarked on a new course which will shape the future of our service for years to come. As part of the new focus on community care in mental health, we undertook to release as many patients from our three large Extended Care Centres as soon as possible so they could re-enter their communities.

However, we also have the responsibility of developing a support structure for patients when they re-enter community life. In 1986/87, the division began a campaign to encourage more people to become Approved Home operators. These operators accept former mental health patients into their houses and are reimbursed for this service. In 1986/87, a cooperative venture with the Department of

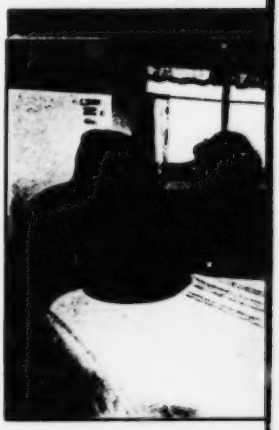


Table 4
Number of Cases Treated in Mental Health Outpatient Centres
In the Period April 1, 1986 to March 31, 1987
Summarized by Sex and Age on March 31, 1987

Region	Age in Years 0-5	6-11	12-17	18-24	25-34	35-44	45-64	65 +	Total Cases
Northwest	43	241	365	323	794	522	258	61	2,607
Northeast	25	114	284	176	378	274	190	68	1,509
Edmonton	96	443	807	656	1,590	1,075	938	621	6,226
Central	27	224	492	485	1,069	783	584	221	3,885
Calgary	116	478	525	443	1,463	1,239	627	264	5,155
South	141	532	631	346	744	529	356	181	3,460
TOTAL CASES 1986/87	448	2,032	3,104	2,429	6,038	4,422	2,953	1,416	22,842
Males	262	1,351	1,520	901	2,215	1,665	1,210	483	9,607
Females	186	681	1,584	1,528	3,823	2,757	1,743	933	13,235

Source: Alberta Mental Health Management and Planning System, July 10, 1987

Social Services was set up which increased the number of children's mental health therapists in the northeast region of the province. In addition, the division published a landmark report called "Expanding the Circle" which discussed some major issues in of mental health for young Albertans.

Community Mental Health Clinics

ommunity Mental Health Clinics provide diagnostic assessment and treatment of clients of all ages throughout the province. They also provide consultation to general practitioners, nursing homes, courts, correctional institutions, Public Health, Child Welfare, schools and other community agencies. The clinics follow-up those released from mental hospitals, assisting them with placement in residential and non-residential community support services.

Over 100 Alberta locations receive some form of on-site mental health services. Over 50 of these sites have full-time staffed clinics and during 1986/87, over 22,800 clients were served. Emphasis was placed on the priority groups of:

1. persons chronically disabled by mental illness,
2. children and adolescents,
3. the elderly, and
4. rural populations.

Extended Care Services

he extended care system provides residential and day program services to chronic mentally ill adults through three extended care centres: Claresholm Care Centre, Claresholm; Raymond Home, Raymond; and Rosehaven Care Centre, Camrose.

In the past, people admitted to mental health institutions often spent the rest of their lives there. Such is no longer the case, and our efforts are shifting to short-term care.

Plans are in place for all three care centres to rebuild or renovate facilities. While they will accommodate fewer inpatient beds, the renovated facilities will treat more people than they currently do. These care centres will continue to serve long term patients but the emphasis will be on rehabilitating and stabilizing clients so they can return to their home communities. Day programs and respite care facilities have been established and will be expanded in the new proposed facilities.

TABLE 5
Selected Indicators for Mental Health Extended Care Centres
April 1, 1986 to March 31, 1987

	Care Centre			
	Claresholm	Raymond	Rosehaven	Total
Admissions	58	25	89	172
Discharges	66	33	53	152
Deaths	14	0	45	59
Patient resident on March 31st	175	42	257	475
Average Length of Stay				
- Discharges	2.4 yrs	7.1 yrs	1.2 yrs	3.0 yrs
- Patients resident on March 31st	11.3 yrs	7.4 yrs	5.4 yrs	7.8 yrs

Source: Extended Care Services, Mental Health Division

MENTAL HEALTH DIVISION

Funded Agency Progam

This program ensures, through grants or contracts to agencies and individuals, that efficient and effective mental health community support programs are provided to Albertans. In 1986/87, thirty-one programs with about 577 beds and 64 non-residential programs with about 979 spaces were funded.

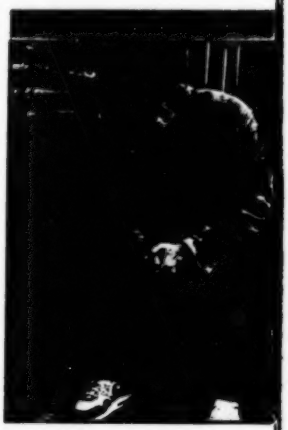
Suicide Prevention Program

Alberta is the only province in Canada with a Suicide Prevention Program and a Provincial Suicidologist.

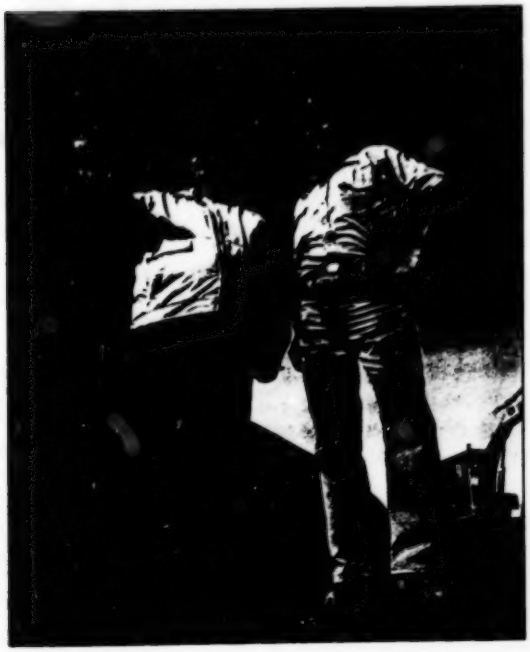
The Provincial Suicidologist is responsible for designing, organizing, directing and monitoring the suicide and crisis programs; research and evaluation, plus liaison with the Suicide Prevention Provincial Advisory Council (SPPAC). This committee is responsible directly to the Minister and advises on suicide prevention programs, makes recommendations on the funding of programs, and assesses suicide prevention service delivery.

Highlights:

- Preparing "Expanding the Circle," a paper on children's mental health services by Gerry Fewster, in conjunction with Mental Health Services and the Child Welfare Branch of Social Services. Public consultation on the report will occur in 1987/88.
- Achieving a three-year accreditation status in Edmonton and Calgary Regions. Central and Northeast Regions were granted two-year status with the promise of an additional year's status if improvement could be made in specific areas.
- Commencing a successful campaign to recruit Approved Homes.
- Initiating — with funds provided through the Suicide Prevention Provincial Advisory Council — a crisis line link-up between the town of Smoky Lake and the distress line operated by AID Services of Edmonton.
- Opening a second user-funded house in Raymond under the auspices of the Go-Getters Society of Raymond (members include clients of Raymond Home and local citizens).
- Holding a successful provincial Psychogeriatrics Conference.
- Opening the Northeast Region's first rural day program in Mundare.
- Commencing a study of the needs of the chronically mentally ill to be completed over the next fiscal year.
- Planning for a major reshaping of residential programs in the Calgary Region to better meet the needs of the community.
- Establishing a Day Program at Rosehaven Care Centre to accommodate 30 people with chronic mental illness who are living in the community.



OCCUPATIONAL HEALTH AND SAFETY DIVISION



The Occupational Health and Safety Division works for the prevention of injury, ill health and genetic damage resulting from employment.

Governments, employers, and workers share the job of promoting health and safety and preventing work-related injury and illness. The Division sets and enforces standards of health and safety in the *Occupational Health and Safety Act* and regulations, as well as the *Radiation Protection Act* and its regulations.

The Division's programs provide services to 1,146,000 Alberta workers. In 1986, 56,030 employers registered with the Workers' Compensation Board (54,148 in 1984). Because many employers have multiple plants, and it is estimated that some 70,000 worksites are subject to the OHS jurisdiction.

Compensable lost time claim rates increased from 5.5 per 100 man years in 1983 to 6.1 in 1986. The goal of the Division's programs is to protect Albertans at work, curbing this growth in compensation claim rates. When individuals are sick or injured at home or in a social setting, they are often unable to come to work. In fact, more lost-time accidents stem from injuries at home rather than at work. Responding to this, we have begun to develop joint education programs with the Public and Mental Health Divisions of the Department.

In 1986/87, we began shifting the focus of much of our work toward a "Worksite Internal Responsibility System." Through this program, employers and employees are given more responsibility for their own health and safety. In larger companies with internal specialist resources, we set up a system to monitor their performance without getting involved in day-to-day safety operations.

Other important initiatives this year involve the gas and oil industry, where there is increasing concern about rising accident and injury rates. A number of comprehensive health and safety measures are being put in place to counter this trend.

Occupational Health Services Branch

The objectives of the Branch are to prevent work-related ill health and disability and to promote occupational health in Alberta. The Service is organized into four branches: Occupational Hygiene, Radiation Health, Medical Services, and Laboratory Services.

Occupational Hygiene

The branch strives to ensure the protection of workers from health hazards associated with their environment and work practices.

Highlights

- Consultation was provided on over 4,000 occasions concerning technical problems or requests on 920 chemicals relating to the Chemical Hazards Information Program.
- Over 1,600 field investigations on 969 work sites were conducted when hazards were not resolved by information or discussion (*See Chart C on Page 21*).

OCCUPATIONAL HEALTH AND SAFETY DIVISION

These investigations included identifying companies with potential noise hazards. Hearing conservation programs were implemented in 302 companies with over 28,000 workers. Most investigations resulted in voluntary compliance with the Occupational Health & Safety Act and Regulations, but 49 required orders under the Act. One violation was successfully prosecuted and charges were laid in a second case.

The New Plants Program is designed to protect workers by ensuring potential health hazards are identified and appropriate engineering controls incorporated at the conceptual stage of plant design. In-depth reviews of eight new plants were initiated in 1986/87, and six major reviews in progress from the previous year were completed.

- An industry-wide campaign in over 1200 auto-body shops was initiated to ensure compliance with the Occupational Health and Safety Act and increase the level of awareness of the hazards of isocyanate paints.

Agreement was reached on a Workplace Hazardous Materials Information System (WHMIS), a pan-Canadian initiative which involved industry, labor and government.

Radiation Health

The branch goal is to help prevent injury and ill health in workers and the public resulting from the use of ionizing and non-ionizing radiations.

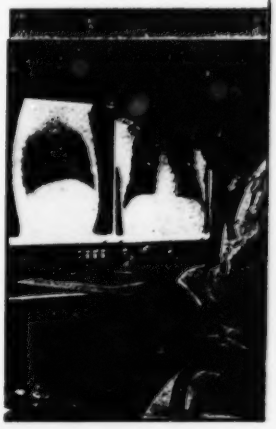
There were few instances of non-compliance by operators with requirements under the x-ray program in 1986/87. One measure of the effectiveness of the program is the fact that patient dose in mammography has been reduced to 3.7 radiation units (millisieverts or mSv) today from 21 mSv in 1976.

Highlights

- Statutory requirements were met in the Medical X-ray program with 351 certificates of registration and 252 certificates of inspection issued following the inspection of 474 X-ray tubes.
- More than 1300 telephone enquiries were handled, 800 relating to the medical x-ray program and 550 relating to non-ongoing radiation, non-medical x-ray and radioisotopes.
- A total of 150 inspections and surveys were completed in the industrial and special applications program. Major areas of activity included high powered lasers, x-ray analytical equipment, plus radio frequency and microwave equipment.

Medical Services

The branch tries to reduce occupational diseases and injury in Alberta workers through consultation and investigation in occupational medicine.



Highlights

- A health survey of 189 auto-body shop workers in Alberta was undertaken. Analysis of this survey is under way.
- A questionnaire on dermatologic symptoms in tar sands workers at the Syncrude and Suncor plants in Fort McMurray was administered. Approximately 3,000 questionnaires were returned and survey analysis is planned for 1987.
- Collecting and analyzing data for "Occupational Histories of Cancer Patients" continued — this is a statistical study undertaken by the Alberta Cancer Registry. It is will be several more years before sufficient data has been collected to make conclusions with any confidence.

Laboratory Services

The major focus of the Laboratory Services Branch during this year was to provide analytical services in support of occupational health and safety field activities. Analytical services are provided in the evaluation of airborne concentrations of chemical, physical, and radiation hazards, plus the evaluation of health effects and health status of workers.

OCCUPATIONAL HEALTH AND SAFETY DIVISION

A secondary but important function has been the promotion of high standards of analytical support by private sector laboratories through the development of inter-laboratory audits, quality control, sample exchanges, informal workshops, consultations and training.

The laboratory underwent a site visit by an American Industrial Hygiene Association (AIHA) laboratory accreditation committee member and has been granted a three year extension of accreditation until September 1, 1989. The laboratory consistently performs in the top 20% of the approximately 450-500 laboratories participating in the Proficiency Analysis Testing Program of the National Institute of Occupational Safety and Health (PAT-NIOSH).

Research and Education Service Branch

his branch promotes occupational health and safety through education, research, data and consultation, and publications. Services are provided through its Education and Program Development and Research Branches. Research grants are also distributed through the Heritage Grant Program.

Research

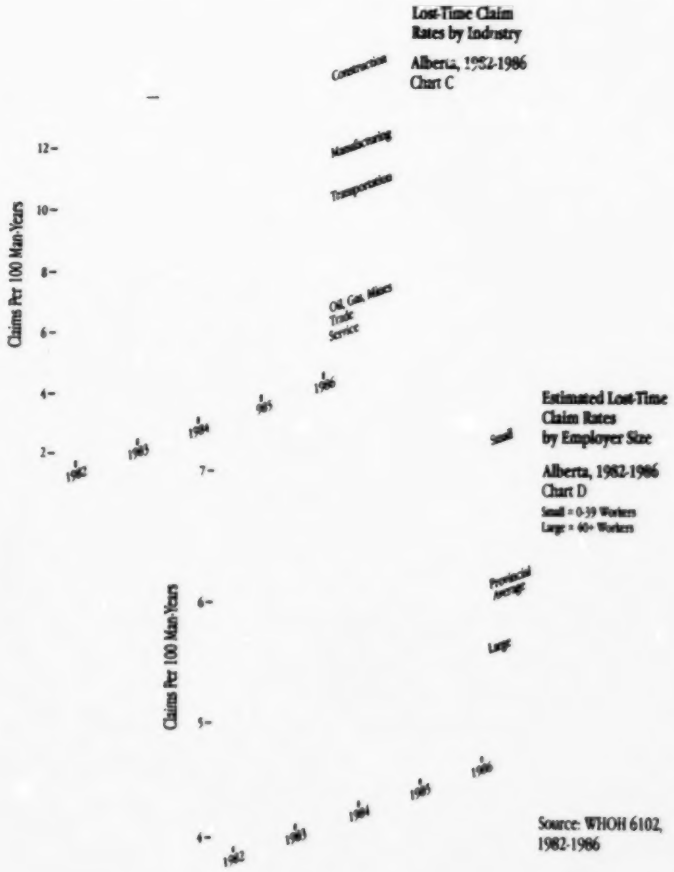
equests for information, advice or assistance handled by the Research and Statistics Section increased from 150 in 1979 to over 860 in 1986. Approximately 60% of these requests were from industry and the public in this past year.

Highlights

- Major reports were released on lost-time accidents and fatalities in Alberta oil and gas industries; the accident experience of small employers in Alberta; and a review of occupational falls and preventive strategies.
- An in-depth report on the lost-time accident and illness experience of the Alberta oil sands industry was completed.
- An occupational fatality data base was designed. This data base is being reviewed by the Canadian Centre for Occupational Health and Safety as a potential model for a national data base on occupational fatalities.

Heritage Grant Program

he Occupational Health and Safety Heritage Grant Program, a $10 million investment of the Alberta Heritage Saving Trust Fund (Capital Projects Division), was established in April, 1981 as an eight-year program.



OCCUPATIONAL HEALTH AND SAFETY DIVISION

This grant program encourages the participation of employer and worker organizations, educational institutions, researchers, and other private sector groups in responding to health and safety concerns. Awards from this program assist a variety of innovative projects — including both short and long term research, training and educational activities — directed toward prevention of work-related accidents and ill health.

ighlights

During the year, 23 projects were approved for research on a variety of health and safety problems, including toxic gas release, the health effects of sulfide and hydrogen sulfide, the design of respiratory protective equipment, the assessment of protective work clothing, and the safe disposal of waste chemicals.

A major contract evaluation of the Grant Program concluded the Program was well-designed, efficiently administered, and likely to achieve its long-term objectives.

Education & Program Development

he branch is responsible for developing and delivering educational and consultative services to promote occupational health and safety. It supports industrial safety councils and Work Site Health and Safety Committees, and assists employers in organizing and maintaining internal responsibility systems.

ighlights:

Twenty-four occupational health and safety seminars were held. Topics included: Rigging, Trenching, Confined Space Entry, Ventilation, Protective Clothing, Eye Protection, Woodworking, Stress, Personal Protective Equipment, Material Safety Data Sheets and Breathing Apparatus.

Six Joint Programs of Assistance in cooperation with Work Site Services were initiated at selected sites. This program is a joint education and enforcement program for employers with poor occupational health and safety records.

Work Site Services Branch

ork Site Services is the major safety-oriented group within the Occupational Health and Safety Division and provides a work site focus on the prevention of work-related accidents and ill health. This goal is accomplished through programs of inspection, incident investigations (i.e., all fatal, serious incidents and complaints), and development of safety standards and regulations.

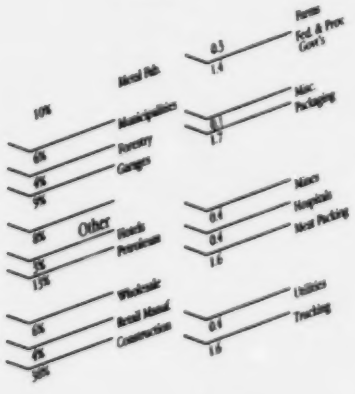
The programs are provided through four branches: Inspection (North), Inspection (South), Engineering and Mines, and Project Management.

Inspection (North) is responsible for Alberta north of a line running east and west through Ponoka, and provides services through three field offices.

Inspection (South) handles the southern portion of the province, and provides services through four field offices.

The Engineering and Mines Branch provides services to the entire province.

Percentage of Inspections by Industry
Chart E



OCCUPATIONAL HEALTH AND SAFETY DIVISION

Inspections

A work site inspection is an examination and evaluation by an officer of the physical aspects, working environment, and work processes of a work site to ensure maintenance of minimum standards and compliance with the Act and its regulations.

Highlights:

- Occupational Health and Safety Officers identified 1,655 work sites requiring mandatory inspections and conducted 2,758 inspections in that category; they also identified 5,750 worksites which had the potential to improve from inspection, resulting in 5,196 inspections being conducted.
- A total of 10,988 inspections were conducted in 1986/87, representing 30.4% of the officers' work site activities. While conducting inspections, the officers assessed work site environments in order to complete 2,110 survey reports, 69 stop work orders, and 2,595 orders citing regulatory contraventions.

A brief summary on each of the major categories follows.

Drilling

In this industry, the goal was to inspect operating drilling and service rigs in the following priority: first, rigs owned by employers with above-average accident rates or a fatal accident in the previous 24 months; second, other rigs encountered as targets of opportunity. A total of 636 inspections of drilling rigs and 246 inspections of service rigs were conducted. In addition, 156 inspections were conducted on well special services operations.

Forestry

The goal was to inspect forestry logging operations of employers with above average accident rates or a fatal accident during the previous 24 months. Forty-nine employers were selected and 486 forestry inspections conducted.

Construction

The goal was to inspect major demolition, construction and pipeline projects at least once a month with emphasis on trenches, excavations, overhead power lines, and floor and roof openings.
Construction activities increased over the period, particularly in Calgary and Edmonton, and 2,587 inspections were conducted on construction sites including 882 related to trenching and 169 for overhead powerlines.

Mining

The Engineering and Mines Branch conducted 171 inspections of underground mines, surface mines, selected quarries, and tunnelling projects, as well as nine inspections of major construction projects at mine quarry sites. Eight orders citing regulatory contraventions and three stop work orders were issued.

Technical Engineering Inspections

The Engineering and Mines Branch reviewed 349 drawings, Plans Specifications and other documents for conformity with Occupational Health and Safety legislation. Technical engineering inspections in mines, quarries and tunnels totalled 188.

Investigations

Worksite Services conducts a coordinated program of investigations into work site incidents to determine causes and identify preventive measures.

Work Site Services Incident Investigations

All fatal accidents at work sites are investigated and reviewed by the Significant Incident Review Board. During the period, 40 fatal accidents were investigated. Selected significant non-fatal incidents are also investigated.

Significant Incident Review Board (S.I.R.B.)

The Division's internal review board (S.I.R.B.) comprises a senior multi-disciplinary team which reviews fatal and serious accidents or incidents. In 1986/87, the Board convened 11 times. The reports of 56 incidents were reviewed — 38 of these involved fatalities.

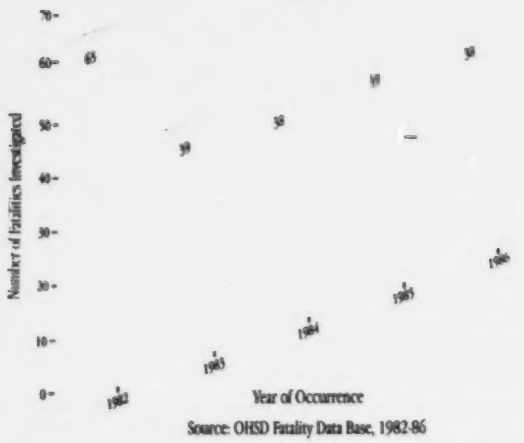
Complaint Investigation

All complaints concerning work site conditions receive attention. Immediate response is mandatory for complaints relating to work site situations which have the potential for causing fatal or serious injury. A total of 596 complaints were investigated: 357 were determined to be justified. 44 were referred to other branches and three were referred to Labour Canada.

Prosecutions

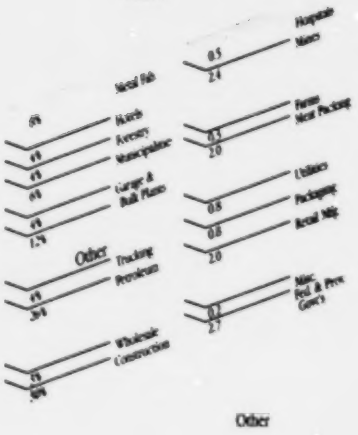
In the 1986/87 fiscal year, 87 recommendations for prosecution were forwarded to the Attorney General's department. Of the 116 cases that went to trial in 1986/87, including those from the previous years, 63 resulted in successful prosecutions.

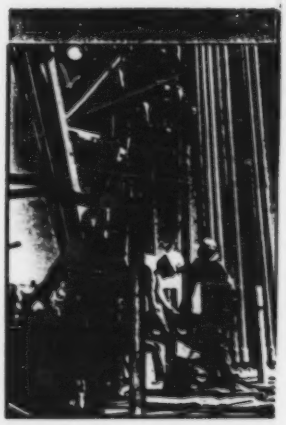
Fatalities Investigated
by the Occupational Health & Safety Division
Alberta, 1982-1986
Chart G



Source: OHSD Fatality Data Base, 1982-86

Percentage of Total Services
Time Spent by Industry
Chart F





HUMAN RESOURCES DIVISION

he 1986/87 fiscal year saw the establishment of the Human Resources Division for the new Department of Community and Occupational Health. Employees from the previous department of Occupational Health and Safety and the former Department of Social Services and Community Health were brought together and augmented by recruitment of additional staff to create the new division.

As of March 31, 1987, the Department had 1,399 permanent positions (842 professional/technical, 160 management, 397 clerical positions).

Within the Human Resources Division, an Employee Relations unit (salary administration, benefit administration, employee health and safety standards, contract negotiations, etc.), a Personnel Services unit (staffing and classifications duties), Staff Development (training), and Internal Administration units were created.

Initiatives of the Division last year included developing a performance evaluation process for all Department staff, an orientation program for new employees, an employee health and safety work plan, a personnel information system, and a personnel information access system which provides data for the Division's supervisors and managers.

Highlights:

- As part of a hiring freeze and downsizing initiative in line with a government-wide initiative, 31 permanent positions in the Department were eliminated. The positions abolished were vacant at the time.
- An early retirement program for staff members who chose to take this option from the provincial government was coordinated.

MANAGEMENT SUPPORT SERVICES DIVISION

The role of Management Support Services Division (MSS) is to provide expertise to the Department in the areas of strategic and operational planning, program evaluation, management audit, legislative development and policy issue management. It provides services through three branches: Planning, Evaluation and Management Audit, and Legislative Affairs.

The Division was created in early 1987 out of the Division Support Branch of the former Department of Social Services and Community Health and the Legislative Affairs Branch of the former portfolio of Workers' Health, Safety and Compensation.

As the policy, planning, and evaluation arm of the Department, the Division has a mandate to help the Department's program divisions examine the ways they deliver services to the public, and facilitate planning for future needs and problems.

Planning Branch

This branch facilitates strategic and operational planning; provides information used in department, health unit and FCSS planning; and also provides support in the areas of policy analysis and research.

Evaluation and Managment Audit

This branch undertakes comprehensive management audits; evaluates effectiveness of departmental programs and services or those of agencies funded by the Department; undertakes research on departmental operations; and consults with programs on education or research topics.

MANAGEMENT SUPPORT SERVICES DIVISION

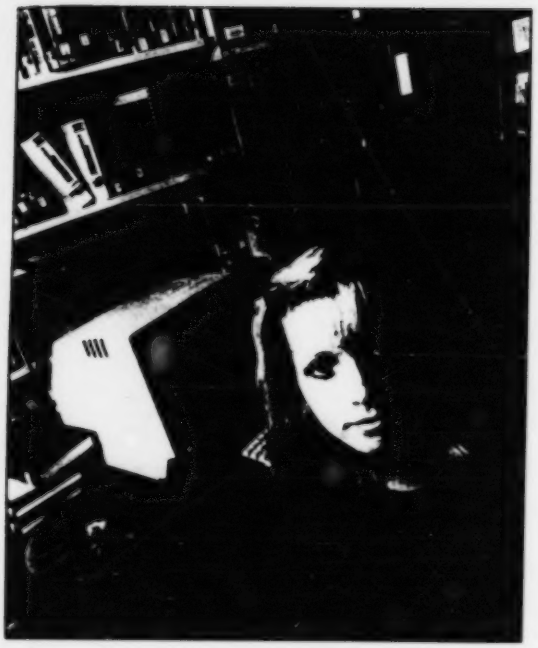
Legislative Affairs

his branch undertakes legislative review activities which lead to proposals for new or amended legislation; facilitates development of legislation for departmental programs and services; and maintains the records of prosecutions under the Occupational Health and Safety Act.

Highlights:

- Departmental planning retreats were coordinated. These retreats resulted in a departmental mission and mandate statement, and acceptance of a new results-based planning process.
- "Promoting the Health of Albertans" was published. This report, based on analysis of Alberta data from the first national health promotion survey, examined Albertans' knowledge, attitudes and behaviour related to health. An interesting aspect of this report is the subjective evaluation of their own health provided by the Albertans surveyed. According to the study, 62% of male and 59% of female respondents regarded themselves to be in excellent or very good health; 34% of male and 42% of female respondents felt very happy; and 11% of male and 9% of female respondents felt very stressful.
- Pilot risk factor surveys were conducted in collaboration with the health unit Association of Alberta (H.U.A.A.) and four local health units. These surveys were designed to generate results-based data to be used in the new planning process.
- The publications "Birth and Death Statistics by Health Units, 1984" and "Population Estimates for Health Units, 1985" were published.
- The development of the Community and Occupational Health Act, the Radiation Protection Regulation, the Grant Regulation, and a variety of regulations which fall under the Occupational Health and Safety Act and the Public Health Act were coordinated.

PROGRAM SUPPORT SERVICES DIVISION



he Program Support Services Division (PSS) provides a variety of services to the Department through six branches: Financial Services, Administrative Services, Library Services, Information Systems and Services, Communications, and Vital Statistics.

The Division was formed with staff from the former Department of Social Services and Community Health and the previous portfolio of Workers' Health, Safety and Compensation. By the end of the 1986/87 fiscal year, all branches of the Division were in place and initiatives needed to better serve the Department's needs in 1988 and 1989 were being developed. Those initiatives include: planning for a new accounts payable system which will give more budget and expenditure information to managers; consolidating a new location for the library; initiating a study of all word processing and office information within the department; designing standard policies, procedures and documentation; and developing a new communications plan which will standardize all publications and communications materials produced by the Department.

Administrative Services Branch

he Branch's support services for the Department's program managers include: material acquisition, accommodation planning, records management, risk management insurance coordination, mail management, information referrals, vehicle leasing, office equipment maintenance, and a materials distribution service for a variety of Community and Occupational Health information materials.

As of March 31, 1987, the Department operated out of 139 facilities located throughout Alberta.

Financial Services Branch

inancial Services functions include the Department's controllership, financial reporting systems, financial advisory services, collection of revenues, budgeting, forecasting, and processing of accounting transactions.

During the year, work was begun on the new Departmental financial system and implementation is targeted for October 1, 1988. The new system will provide for decentralized data entry, improved access to financial data, and financial management reporting.

Library Services Branch

ith the formation of the new department, a Library and Information Services Review led to the amalgamation of the resources of the Community Health Library and of the former Occupational Health and Safety Library into one departmental system.

PROGRAM SUPPORT SERVICES DIVISION

The Library Services Branch is responsible for providing the materials and services to meet the Department's research and information needs and for supporting the health promotion activities of the Department. It also serves external clients including other government departments, health-oriented agencies and groups, industry, workers, and the public.

The Branch comprises Library Services, Audio-Visual Services, and Data Base Services.

In 1986/87, over 10,000 requests for information were answered, 3,000 inter-library loans processed, and 9,180 books and 6,768 periodical issues loaned.

The Audio-Visual Services section houses a collection of over 450 videos and 16 mm films on a wide range of occupational safety topics. Demand remained high for these resources and 2,638 loans were made to employers, government departments and schools throughout the province.

Under an agreement between the Department and the Canadian Centre for Occupational Health and Safety, the Data Base Services section provides access for all Albertans to a number of important data bases including Canadian research and organizations, chemical hazards and toxicology, Canadian case law, and other relevant areas.

Information Systems and Services Branch

The activity of this Branch during the year was predominately directed toward "startup" and "reaction" tasks while maintaining essential Electric Data Processing (EDP) and word processing services to the new department.

By March 31, 1987, all support for EDP applications had been successfully transferred from the Department of Social Services. During this transition period, an EDP plan was quickly developed. Further, new support areas of the Department required immediate provision of EDP and word processing equipment and services.

Communications Branch

This Branch provides external and internal communications services to the public and to Department employees.

Public Affairs personnel and support staff in Communications from Occupational Health and Safety and from the former department of Social Services and Community Health were brought together to form the Branch for the new Deparment. By the end of the fiscal year, a number of policies, procedures and communications plans had been initiated.

The Branch successfully carried out several public information projects during the year.

In Public Health, a cooperative effort was undertaken with Alberta's health units to combat the measles epidemic in the province, resulting in a major information campaign to be carried out in May, 1987. A non-smoking campaign was also carried out in support of Federal government efforts to reduce smoking in Canada.

In Mental Health, a public relations campaign resulted in the recruitment of 20 Approved Home operators, and the effort will be extended into 1987/88.

Communications also promoted occupational health and safety. The Occupational Health and Safety Magazine was re-designed and its circulation increased to 75,000. Posters, pamphlets and displays were also produced to help educate and inform workers about workplace hazards and occupational health and safety programs.

Communications maintained its media relations program, providing the media with information about occupational accidents. Media inquiries included numerous calls about AIDS and suicides, as well as general information requests about Deparmental program initiatives.

Senior management and departmental staff were provided with communications counsel to help ensure better public awareness of the Department's mandate and services.

Vital Statistics

ital Statistics administers the requirements of the *Vital Statistics, Marriage*, and *Change of Name Acts*. The objectives of the programs are to register all births, deaths, and marriage events occurring in Alberta; process Change of Name requests; provide confirmation of the occurrence of these events to those entitled; provide a data base to monitor the state of public health in Alberta; and register and licence Marriage Commissioners, clergy and district registrars to perform marriages.

TABLE 6
Births, Deaths and Marriages
1984-1986

	1984	1985	1986	(% Change Between 1985 and 1986
Births (total)	43,924	43,684	43,670	– 0.03 %
Births out of wedlock	7,221	7,628	8,069	+ 5.46 %
Stillbirths	298	257	265	+ 2.64 %
Marriages	20,056	19,738	18,892	– 4.47 %
Deaths	12,812	13,299	13,656	+ 2.56 %

Budget Estimates, Special Warrants and Expenditures Classified by Vote ($000)

	Comparable 1986-87 Budget Estimates	1986-87 Special Warrants	Comparable Expenditures for The Years Ending March 31 1987[a]	1986[b]
VOTE 1 - DEPARTMENT SUPPORT SERVICES				
(No Sub-Program Breakdown)				
Minister's Office	188		261	179
Deputy Minister's Office	464		475	461
Management Support Services	1,060		962	1,071
Human Resources	1,418		1,391	1,427
Executive Director - Program Support Services	187		159	187
Financial Services	1,425		1,272	1,397
Administrative Services	1,378		1,352	1,384
Information Systems & Services	1,907		1,774	1,762
Library Services	493		446	486
Public Communications	987		960	910
TOTAL VOTE 1	**9,507**		**9,052**	**9,264**
VOTE 2 - COMMUNITY HEALTH SERVICES				
(Sub-Programs)				
Program Development & Support	4,618		4,533	4,169
Vital Statistics	1,590		1,592	1,606
General Health Services	3,679		3,506	3,338
Communicable Disease Control	6,891		7,057	6,514
Rehabilitation & Special Health Services	37,104	7,996	44,152	38,897
Funding - Provincial Health Laboratory	9,038		9,650	8,744
Funding - Local Health Services	105,226		103,319	98,859
Funding - Family & Community Support Services	31,658		30,761	24,804
TOTAL VOTE 2	**199,804**	**7,996**	**204,570**	**186,931**

(a) 1986-87 is based on final drafts of Public Accounts.
(b) 1985-86 is audited and made comparable to 1986-87 estimates.

Budget Estimates, Special Warrants and Expenditures Classified by Vote ($000)

	Comparable 1986-87 Budget Estimates	1986-87 Special Warrants	Comparable Expenditures for The Years Ending March 31 1987[a]	1986[b]
VOTE 3 - OCCUPATIONAL HEALTH AND SAFETY (Sub-Program)				
Program Support	321		367	308
Work Site Services	5,322		4,952	4,982
Occupational Health Services	3,949		3,661	3,671
Research & Education Services	1,534		1,538	1,487
TOTAL VOTE 3	**11,126**		**10,518**	**10,448**
VOTE 4 - MENTAL HEALTH SERVICES (Sub-Programs)				
Program Development & Support	3,651	96	3,755	3,619
Regional Service Delivery	16,894	342	17,413	16,658
Purchased Services & Agency Payments	6,537		6,392	5,898
Residence & Treatment - Geriatric Insts.	18,118	293	18,365	18,088
TOTAL VOTE 4	**45,200**	**731**	**45,925**	**44,263**
VOTE 6 - WORKERS' COMPENSATION (No Sub-Program Breakdown)				
Worker's Compensation Board Pensions	45,043		16,910	16,153
TOTAL DEPARTMENT	**310,680**	**8,727**	**286,975**	**267,059**

(a) 1986-87 is based on final drafts of Public Accounts.
(b) 1985-86 is audited and made comparable to 1986-87 estimates.

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REVENUE FOR THE YEAR ENDED MARCH, 1987

	1986/87	1985/86
GOVERNMENT OF CANADA	$ 94,217	$ 72,432
Fees, Permits and Licences:		
Maintenance	1,535,372	1,300,245
Vital Statistics Act	1,191,509	1,182,751
Other	396,106	406,014
TOTAL	**$ 3,122,987**	**$2,889,010**
OTHER REVENUE:		
Refunds of expenditure		
Occupational Health and Safety	5,879,000	4,635,000
Previous Years' Refunds	2,252,749	1,247,005
Services and Supplies to Staff	18,713	20,694
Other	4,264	11,128
Miscellaneous	408,523	363,672
TOTAL	**$ 8,563,249**	**$6,277,499**
TOTAL DEPARTMENT	**$11,780,453**	**$9,238,941**

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ADVISORY AND APPEAL SECRETARIAT

The Advisory and Appeal Secretariat provides financial and administrative support to the following committees:

- Provincial Mental Health Advisory Council and six Regional Mental Health Councils (Calgary, Edmonton, Lethbridge, Medicine Hat, Peace River/Grande Prairie, and Red Deer).
- Public Health Advisory and Appeal Board.
- Occupational Health and Safety Council.
- Provincial Advisory Committee on Suicide Prevention.

The Public Health Advisory and Appeal Board and the Occupational Health and Safety Council hear appeals to orders issued under the Public Health Act and Occupational Health and Safety Act, respectively. The Provincial Mental Health Advisory Council supports research into mental health. The Provincial Advisory Committee on Suicide Prevention advises the Minister on funding community operated suicide prevention programs. Also, each committee advises the Minister on matters pertaining to its field of health.

LEGISLATION ADMINISTERED BY ALBERTA COMMUNITY & OCCUPATIONAL HEALTH

Blind or Deaf Persons' Rights Act, Chapter B-6-R.S.A., 1980.

Change of Name Act, Chapter C.-4-R.S.A., 1980
- Change of Name Regulation, A.R. 115/86

Coal Mines Safety Act, Chapter C-15-R.S.A., 1980.
- Coal Mines Safety Regulation, A.R. 333/75

Dental Profession Act, Chapter D-9.5, 1983.
- Dental Profession Regulation, A.R. 328/84

Department of Community and Occupational Health Act, Chapter D-13.5, 1986.

Emergency Medical Aid Act, Chapter E-9-R.S.A., 1980.

Family and Community Support Services Act, Chapter F-1.1, 1981.

M.S.I. Foundation Act, Chapter M-23-R.S.A., 1980.

Marriage Act, Chapter M-6-R.S.A., 1980.
- Marriage Act Regulation, A.R. 111/85

Mental Health Act, Chapter M-13-R.S.A., 1980.
- Mental Health Regulations, A.R. 119/75

Nursing Service Act, Chapter N-15-R.S.A., 1980.

Occupational Health and Safety Act, Chapter O-2-R.S.A., 1980.
- Asbestos Regulation, A.R. 7/82
- Chemical Hazards Regulation, A.R. 8/82
- Coal Dust Regulation, A.R. 243/83
- Designation of Hazardous Materials Regulation, A.R., 387/81
- Designation of Occupations Regulations, A.R. 288/76
- Designation of Serious Injury and Accident Regulation, A.R. 298/81
- Explosives Safety Regulations, A.R. 272/76
- First Aid Regulation, 1981, A.R. 299/81
- General Safety Regulation, A.R. 448/83
- Grants Regulation, A.R. 374/81
- Noise Regulation, A.R. 314/81
- Regulations pursuant to the Occupational Health and Safety Act, Regulation Various/1977 (JWSH&SC)
- Silica Regulation, A.R. 9/82
- Ventilation Regulation, A.R. 326/84
- Vinyl Chloride Monomer Regulation, A.R. 10/82

Public Health Act, Chapter P-27.1, 1984
- Alberta Aids to Daily Living and Extended Health Benefits Regulation, A.R. 236/85
- Barbershop and Beauty Culture Parlors Regulations (Division 30), A.R. 572/57
- Bodies of Deceased Persons Regulation, A.R. 237/85
- Co-ordinated Home Care Program Regulation, A.R. 239/85
- Communicable Diseases Regulation, A.R., 238/85
- Financial Administration Regulation, A.R. 102/86
- Food Regulation, A.R. 240/85
- Forms Regulation, A.R. 193/85
- Housing Regulation, A.R. 241/85
- Institutions Regulation, 1981, A.R. 143/81
- Livestock and Poultry Regulations (Division 23), A.R. 297/72
- Milk Standards Regulation (Division 33), A.R., 242/85
- Nuisance and General Sanitation Regulation, A.R., 242/85
- Public Nomination Regulation, A.R. 243/85
- Qualifications of Inspectors Regulation, A.R. 244/85
- Recreation Area Regulation, A.R. 245/85
- Regulated Matter Regulation, A.R. 246/85
- Swimming Pool Regulation, A.R. 247/85
- Treatment Services Regulation, A.R. 248/85
- Waiver Regulation, A.R. 249/85
- Waste Management Regulation, A.R. 250/85
- Work Camps Regulation, A.R. 251/85

Quarries Regulation Act, Chapter Q-1-R.S.A., 1980

Radiation Protection Act, Chapter R-2-R.S.A., 1980

Radiation Protection Act, Chapter R-2.1, 1985. Awaiting Proclamation.
- Radiation Protection General Regulations, A.R. 181/72
- Regulations Respecting the Protection of Persons from the Hazards of Laser Operation, A.R. 45/73

Radiological Technicians Act, Chapter R-3-R.S.A., 1980

Vital Statistics Act, Chapter V-4-R.S.A., 1980.
- Access to Information Regulation, A.R. 376/85
- Registrations, Fees and Forms Regulation, A.R. 304/85